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UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF WASHINGTON

Firefighters MICHAEL BACON,	)	
ANDREA KERNKAMP JOE	)	CASE NO. 2:21-cv-00296
HOWARTH, BRENNAN COOKE,	)	
TIM WHEELER, TOM HARVEY,	)	DECLARATION OF STEVEN
JOEL BROSE, TANNER	)	EZRA HOWIE
TOWNSEND, DANNY BETZ,	)	
CURTIS SMITH, ISAIAH DEAN,	)	
NICHOLAS HOLMES, MATTHEW	)	
NORTON, JHAR FULLER, STEVEN	)	
HOWIE, JEFFREY BAXTER, ARIC	)	
PISA, DUANE WILCOX, DAVID	)	
HEIZER, JAMES BILLMAN,	)	
MARLIN THORMAN, JASON	)	
WEBSTER, TIMOTHY ARCHER,	)	
COREY BARKER and CONNOR	)	
FOXWORTH	)	
	)	
Plaintiffs,	)	
	)	
v.	)	
	)	
NADINE WOODWARD, the Mayor of	)	
the City of Spokane, Fire Chief BRIAN	)	
SCHAEFFER, and the CITY OF	)	
SPOKANE.	)	
	)	
Defendants.	)	

1  
2 Steven Ezra Howie declares under penalty of perjury.

- 3 1. I am an adult citizen of the State of Washington, competent to testify, and  
4 hereby make this declaration of my personal knowledge.  
5  
6 2. I am a Firefighter with Spokane Fire.  
7  
8 3. My religious exemption has been accepted. That letter of notification has been  
9 attached. I have also attached a copy of my religious exemption, as requested  
10 per Chief Brian Schaeffer on August 8, 2021, by email, detailing my sincerely  
11 held religious beliefs (a true and correct copy is attached as Exhibit A).  
12  
13 4. I am not being accommodated.  
14  
15 5. I would gladly work as a dispatcher.  
16  
17 6. Other local Fire Departments, which we have mutual aid agreement with are  
18 allowing accommodations, such as District 8, District 9, and Spokane Valley  
19 Fire Departments.  
20  
21 7. A local mutual aid to the Spokane Fire Department is allowing  
22 accommodations such as American Medical Response (AMR).  
23  
24 8. AMR and the Fire Departments listed in paragraph 6 operate in Spokane  
25 everyday.  
9. I fear the community will be negatively impacted by not allowing public  
servants such as myself, to serve on the front lines.

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EXECUTED this 13th day of October 2021 at Spokane, WA

  
\_\_\_\_\_  
Steven Ezra Howie

# **CITY OF SPOKANE**

## **Request for Religious Exemption from COVID-19 Vaccine Form**

In accordance with an order from Governor Inslee announced on August 9, 2021, that applies to all health care providers, the City requires that all EMTs and Paramedics receive a COVID-19 vaccination unless a disability or religious exemption/accommodation is granted.

A religious exemption/accommodation may be granted if (i) the individual holds sincere religious beliefs which are contrary to the practice of vaccination, and (ii) by completing this form, utilizing either the Personal Statement or Religious Organization portion to support the exemption request. The City is committed to providing a safe, inclusive, and supportive experience for all and recognizes sincere observance of faith as it pertains to the practice of vaccination.

Religious exemptions must be requested annually. Individuals with approved exemptions may request to recertify exemptions each year. The City will consider a request for a religious exemption consistent with applicable law that does not impose more than a minimal hardship on the organization or pose a direct threat to the health or safety of others. Any approved accommodation will be provisional and subject to change based on evolving safety standards, operational needs, and other considerations.

While the City will carefully review all requests for a religious exemption, approval is not guaranteed. After your request has been reviewed and processed, you will be notified if your request is approved or denied. If approved, more information will follow regarding the accommodation process. Individuals whose requests have been denied are permitted to reapply if new documentation and information should become available.

### **Religious exemption process:**

- Read the [CDC COVID-19 Vaccine Information](#);
- Complete and sign the following page of this form;
- Complete the Personal Statement Form and/or;
- Have your religious leader complete the Religious Organization Statement Form; and
- Submit the completed documents to Human Resources through one of the following options:
  - Email completed forms to [erahrclerks@spokanecity.org](mailto:erahrclerks@spokanecity.org)
  - Hand deliver completed forms to Human Resources, 4<sup>th</sup> Floor of City Hall
  - Fax completed forms to 509-625-6379
  - Mail completed forms to: Human Resources

C/O HR Director  
808 W. Spokane Falls Blvd  
Spokane, WA 99201

Please initial next to each of the statements below:

SH	I request exemption from the COVID-19 vaccination requirement due to my sincere religious beliefs. I understand and assume the risks of non-vaccination. I accept full responsibility for my health, thus removing liability from the City to the required vaccinations.
SH	Should I contract COVID-19, I will <u>immediately</u> report it to the Fire Operations Center (FOC) 509-435-7029 and comply with all isolation and quarantine procedures as recommended by Washington State and the CDC.
SH	I acknowledge that I have read the <a href="#">CDC COVID-19 Vaccine Information</a> .
SH	I understand and agree to comply with and abide by all the City's COVID-19 policies and procedures.
SH	I understand that, if approved, this exemption is provisional based on the current Washington State and the City's COVID-19 vaccination policy and is subject to change based on requirements moving forward.
SH	I certify that the information I have provided in connection with this request is accurate and complete as of the date of submission. I understand this exemption may be revoked and I may be subject to disciplinary action if any of the information I provided in support of this exemption is false.

Printed Name: Steven Ezra Howie

Signature: St

Date: September 3, 2021

☒ By checking this box and typing my name above, I understand and agree that I am submitting this document electronically and that it is the legal equivalent of having placed my handwritten signature on the submitted document.

Date: September 3, 2021

## **Personal Statement Form**

Name: Steven Ezra Howie

**In the space below, please provide a personal written and signed statement detailing the religious basis for your vaccination objection, explaining why you are requesting this religious exemption, the religious principle(s) that guide your objections to vaccination, and the religious basis that prohibits the COVID-19 vaccination. Please attach additional documentation, if necessary.**

I, Steven Ezra Howie, am a practicing Christian, and hold a sincere and meaningful belief that due to my religious basis, I am unable to receive certain vaccinations—in this certain circumstance, specifically, I am prohibited from receiving the COVID-19 vaccination.

I will explain below and list religious principles that don't just "guide my objection to the vaccination," but religious principles that are the basis to my religion which "prohibits the COVID-19 vaccination." Here are the following principles:

1. I am prohibited from vaccines that originate or use ANY types of aborted fetuses. COVID-19 vaccines use cell lines that originate from aborted fetuses. For example, the J&J vaccine "is an adenoviral vector grown in the PER.C6 cell that originated from a healthy 18-week old aborted child;" and the Comirnaty, Pfizer and Moderna vaccines were all tested using a "morally compromised HEK-293 cell line; originating from a child aborted in the Netherlands in 1972."

2. I am prohibited to take anything that could possibly cause infertility or is unknown to possibly cause infertility in both women and men. It is a religious belief held dearly regarding procreation. Based on the vaccination statements from J&J, Comirnaty, Pfizer, and Moderna; they cannot guarantee that the vaccine may or may not cause infertility. They state to "seek options with your healthcare provider." My healthcare provider has expressed that there is not enough evidence to support whether or not this vaccine can or cannot cause infertility. Due to this unknown and possible risk of becoming infertile, I cannot morally, and religiously, take this risk.

3. With my religion, we rely heavily on prayer; not medications or vaccines—especially those that are mandated. I have faith in my God that through prayer, I will be healed by His grace and have trust in him to protect me.

I certify that my statement above is true and accurate and that I hold a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: Steven Ezra Howie

Signature: 

Date: September 3, 2021

## Religious Organization Statement Form

Name of Observant: N/A

Name of Religious Organization: N/A

Religious Organization Address and Email: N/A

Name of Religious Leader and Title: N/A

**For Religious Leader:**

**In the space below, please provide a written and signed statement supporting the basis of the observant's faith/beliefs which are contrary to the practice of vaccination or use of the COVID-19 vaccination. Please attach additional documentation, if necessary.**

Not Applicable

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and is set against a dark background.

I certify that my statement above is true and accurate and that the above-named observant is a member of my religious organization in good standing and holds a sincere religious belief that is against the receipt of the COVID-19 vaccination.

Printed Name: Steven Ezra Howie

Signature: Stu

Date: September 3, 2021